



RURAL EDUCATIONAL INTERPRETERS SKILL ENHANCEMENT TRAINING Scholarship Application

(Interpreter Full Name)

(Street Address)

(City)

(State)

(zip)

(County)

(Primary Phone Number)

(Secondary Phone Number)

(E-mail Address)

Which of the following best summarizes your certification and/or employment status? (You may mark more than one)

- ☐ I currently hold a Provisional Certificate in Education (PCED).
- ☐ I currently hold a Restricted Certification in Education (RCED).
- ☐ My Provisional Certificate in Education expired on _____.
- ☐ I currently work as an interpreter at _____ School District.
- ☐ I currently work as an aid/paraprofessional/teacher at _____ School District.
- ☐ I would like to work in education, but do not hold qualifying certification (ie: PCED, RCED, or Intermediate).

Additional Comments:



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(Interpreter Full Name)

1. If you are currently a working interpreter, what grade levels do you work in?
2. How long have you been an interpreter for a public school?
3. What do you hope to accomplish after the completion of the offered training?
4. Do you feel this training will be beneficial to your long term future? In what ways?

AGREEMENT

This application is required to be completed and returned to the MCDHH office no later than May 15, 2010. In the case of a need for cancelation, you must contact MCDHH prior to May 15, 2009. In the event of a cancelation, we will contact the next applicant eligible.

I have read and understand the conditions of the Rural Educational Interpreter Skill Enhancement Training scholarship as explained in the current letter dated February 8, 2010 from the Missouri Commission for the Deaf and Hard of Hearing (MCDHH).

(Applicant Signature)

(Date)